Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	i on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Jeanne Tribou	M M / D D / Y Y Y Y
Mailing Address 22369 Ponderosa Dr.	12 03 2014 Amount
City State Zip Code	30.00
Mandeville LA 70471	Transaction ID: 7cdd08d7-c224-46ce-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	12 03 / 2014
Name of Federal Candidate Support Offic	e Sought: House District:00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:
Full Name of Payee  Jeanne Tribou	Date of Public Distribution/Dissemination
	12 03 2014
Mailing Address 22369 Ponderosa Dr.	Amount
City State Zip Code	5.10
Mandeville LA 70471	Transaction ID : 774551f6-50aa-4e98-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	12 03 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	35.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	12 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	ZAI ENDII	ONLO		_	AGE 2 OF 40 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					NTIFICATION NUMBER ▼
Women Speak Out PAC				C co	0530766
Check if 24-hour report 48-hour report	New report	t Amends re	eport filed or	M = M /	D   D / Y   Y   Y   Y
Full Name of Payee Chain Bridge Bank			]	M M /	Distribution/Dissemination
Mailing Address 1445 Laughlin Ave				12 Amount	03 2014
City Sta	ate Z	ip Code			9600.00
McLean V		22101			: be15981f-5a24-4e9f-9 ement or Obligation
Purpose of Expenditure Travel		Category/ Type 00	04	12	03 / 2014
Name of Federal Candidate	I	Support	Office S	ought:	House District: 00
Ms. Mary L Landrieu		X Oppose			Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	550	0715.27	Disburs 2014	ement For: Other (spec	Primary X General
Full Name of Payee			1	Date of Public D	Distribution/Dissemination
Residence Inn				M M /	03 2014
Mailing Address 101 Park Place Boulevard				Amount	2014
City St	tate Z	Zip Code			13133.00
'		70433	T	ransaction ID : Date of Disburse	2af68108-6c32-4ce7-a ement or Obligation
Purpose of Expenditure Hotel		Category/ Type 00	04	12	03 / 2014
Name of Federal Candidate		Support	Office S	Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	P	resident X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		550715.27	Disburs 2014	ement For: Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures			•		22733.00
(b) SUBTOTAL of Unitemized Independent Expenditures	S		<sub>•</sub> [		
				7	4 4
(c) TOTAL Independent Expenditures			····· •		7
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	r authorized c				
Ms. Emily Buchanan	[Electronica	ully Filed] D	ate 12	05	2014
Signature					

Schedule E)	T EXI END	101120		PAGE 3 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Orbitz			12	03 / 2014
Mailing Address 500 W Madison 1000			Amount	
	Ctata	Zin Codo		40445.00
City Chicago	State IL	Zip Code 60661		12145.33  D: d88fa95d-0376-4cd3-8 rsement or Obligation
Purpose of Expenditure Airfare		Category/ Type 004	Date of Disbut	03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	
Calendar Year-To-Date Per Election for Office Sought	, 5	50715.27	Disbursement For: 2014 Other (spe	Primary ☐ General
Full Name of Payee	-		Date of Public	Distribution/Dissemination
United Airlines			12	03 / 2014
Mailing Address PO Box 66100			Amount	
City	State	Zip Code		2648.80
Chicago	IL	60666		: <b>52ad52db-15c7-4574-9</b> rsement or Obligation
Purpose of Expenditure Airfare		Category/ Type 004	12	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	550715.27	Disbursement For: 2014 Other (specific	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	9S		<b>•</b>	14794.13
(b) SUBTOTAL of Unitemized Independent Expendit	tures		<b>.</b>	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 05	2014

Soficadic L)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Elite Tours of Atlanta	12 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1525 Willingham Dr	ount
City State Zip Code	4600.00
East Point GA 30344 Tra	nsaction ID : 6b168f94-922d-440e-8 e of Disbursement or Obligation
Purpose of Expenditure Travel  Category/ Type  004	12 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ight: House District: 00
Me Mary I Landrieu	sident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	ent For: Primary ⊠ General  Other (specify) ▶
Full Name of Payee Dat Maurice Bransfield	te of Public Distribution/Dissemination
iviaurice Bransneid	12 03 7 2014
Mailing Address 12720 Builders Rd	ount
City State Zip Code	6038.04
Herndon VA 20170 Tran	nsaction ID: 37fe89e5-a4e4-49ac-b te of Disbursement or Obligation
Purpose of Expenditure Van Rental  Category/ Type 004	12 / 03 / 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Mr. Greg Orman Oppose Pres	
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	10638.04
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 12	/ 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE 4

OF

Schedule E)	INT EXILIDE	ITOTIES		PAGE 5 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee Corey S McKnight			M = M /	Distribution/Dissemination
Mailing Address 1510 Bailey St			Amount	03 2014
Cit.	Otata	7:a Cada		40.00
City West Monroe	State LA	Zip Code 71292		40.00 <b>D : fb697e04-2a93-4239-9</b> Irsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12 /	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	550715.27	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Heather A Smith			Date of Public	c Distribution/Dissemination
			12	03 2014
Mailing Address 995 Clairborne Rd			Amount	
City	State	Zip Code		44.00
Calhoun	LA	71225		D: 5d9210b7-842e-4f68-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	550715.27	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			84.00
(b) SUBTOTAL of Unitemized Independent Exper	ditures			7 1 7
			4	7 7
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 05	2014
S.g.lataro				

	dule E)	I EXPEND	TOTILO		PAGE 6 OF 40 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
VVor	nen Speak Out PAC				C C00530766
Check	if 24-hour report 48-hour report	New repo	ort Amends repo		T = M / D = D / Y = Y = Y = Y
Ful H	Name of Payee leather A Smith				of Public Distribution/Dissemination
Ма	illing Address 995 Clairborne Rd			Amou	12 03 2014 unt
Cit	v	State	Zip Code		13.80
	alhoun	LA	71225		saction ID : 2b040310-0398-4cb2-b of Disbursement or Obligation
	rpose of Expenditure ileage		Category/ Type 002		12 03 7 2014
Na	me of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms	s. Mary L Landrieu		X Oppose	Presid	ent State: LA
	Calendar Year-To-Date Per Election for Office Sought	, 5	50715.27	Disbursemer 2014	nt For:
	II Name of Payee usan K Hamby	-			of Public Distribution/Dissemination
Ma	ailing Address 202 Violet St			Amou	12 03 2014
				Amot	ant.
Cit	y Yest Monroe	State LA	Zip Code 71292	Transa	20.00 action ID : 37758b3f-c9a9-4f68-a
	rpose of Expenditure alary		Category/ 001		of Disbursement or Obligation
	·		Туре		لحندا لتا لـــــــــــــــــــــــــــــــــ
	ıme of Federal Candidate s. Mary L Landrieu		Support  Oppose	Office Sough	
	Calendar Year-To-Date Per Election for Office Sought		550715.27	Disbursemer 2014	
					other (specily)
(a)	SUBTOTAL of Itemized Independent Expenditure	98		•	33.80
(b)	SUBTOTAL of Unitemized Independent Expendi	tures		· •	17117110
(c)	TOTAL Independent Expenditures			•	7 1 7 1 7
with	er penalty of perjury I certify that the independent, or at the request or suggestion of, any candidary committee) any political party committee or its	ate or authorized			
_	Ms. Emily Buchanan	[Electron	ically Filed] Date	12	05 / 2014
3	orginature				

Schedule E)	INI EXI END	ITONES		PAGE 7 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y N Y N Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Susan K Hamby			M	12 03 7 2014
Mailing Address 202 Violet St			Amour	nt
City	State	Zip Code		1.50
West Monroe	LA	71292		action ID : 2f2253a5-6695-44d7-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		12 03 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent State: LA
Calendar Year-To-Date Per Election for Office Sought	5	550715.27	Disbursement 2014 Of	t For: Primary ⊠ General
Full Name of Payee			Date of	of Public Distribution/Dissemination
Cathy Longtin			M	12 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 827 Navavre Ave			Amou	
City	State	Zip Code		70.00
New Orleans	LA	70124		ction ID: e7e7aaa6-23e5-410e-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		12 03 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	550715.27	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expendit	ures			71.50
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	7 7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12	05 2014
-				

Schedule E)	IVI EXI END	ITORES		PAGE 8 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Cathy Longtin			12	03 / 2014
Mailing Address 827 Navavre Ave			Amount	
City	State	Zip Code		16.80
New Orleans	LA	70124		ID: 566f1b94-60cc-4709-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	03 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	;	550715.27	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Jenny N Brown			M M M 12	03 / 2014
Mailing Address 1270 Lovelady Rd			Amount	
City	State	Zip Code		40.00
West Monroe	LA	71292		<b>D</b> : <b>b6c65436-2431-45da-8</b> ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	03 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	550715.27	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			56.80
				7- 1-7-
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	iically Filed] Date	12 / 05	2014
- 3				

Schedule E)	141 EX. E.C.	1101120		PAGE 9 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
			M = M	/ D D / Y T Y T Y
Check if 24-hour report 48-hour report	X New rep	port Amends repo	ort filed on	
Full Name of Payee Jenny N Brown			M = N	
Mailing Address 1270 Lovelady Rd			Amount	03 2014
	Otata	70.004		12.00
City West Monroe	State LA	Zip Code 71292		12.00 on ID : f843feb3-0433-4bc9-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of D	isbursement or Obligation  03  2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		550715.27	Disbursement Fo	or: Primary X General (specify) ►
Full Name of Payee Patricia F Arnold			M	
Mailing Address 1117 Clipper Dr			Amount	03 2014
City	State	Zip Code		20.00
Slidell	LA	70458	Transaction  Date of D	on ID : c9bf4b34-8543-4eb3-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		550715.27	Disbursement For 2014 Other	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	32.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	7 7
(c) TOTAL Independent Expenditures			·	7 1 7 1 7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	lidate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date		05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

Schedule E)	EXI END	1101120		PAGE 10 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				C 000000700
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y D Y D Y
Full Name of Payee			Date o	f Public Distribution/Dissemination
Patricia F Árnold			M	12 03 7 2014
Mailing Address 1117 Clipper Dr			Amour	nt
City	State	Zip Code		5.01
Slidell	LA	70458		action ID : 17f361ba-57a3-4889-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	12 03 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	5	550715.27	Disbursement 2014 Ot	For: Primary X General
Full Name of Payee			Date of	of Public Distribution/Dissemination
Lesley Lennox			M	12 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2305 Cleary Ave				للنبا لنا ل
			Amou	nt
City	State	Zip Code		17.50
Metairie	LA	70001	Transa Date o	ction ID : afc9b316-55e9-41fc-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		12 D D D Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		550715.27	Disbursemen 2014 O	t For: Primary X General
•				
(a) SUBTOTAL of Itemized Independent Expenditures			· •	22.51
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	, 12	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

Schedule E)	A LINDII ONLO	PAGE 11 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		0 00000.00
Check if 24-hour report 48-hour report	New report Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination
·		12 03 7 2014
Mailing Address 2305 Cleary Ave		Amount
City Sta:	re Zip Code	3.30
Metairie LA	•	Transaction ID : 368bf25b-a7e5-42d9-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	12 / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	550715.27 Disl 201	bursement For: Primary X General  4 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Virginia T Grant		12 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 134 Shore Crest Circle		
		Amount
City Sta		30.00
Carrire M	39426	Transaction ID : 51630100-774d-4611-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	12 / 03 / 2014
Name of Federal Candidate	Support Offi	ce Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	550715.27 Dis 201	bursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	33.30
(b) SUBTOTAL of Unitemized Independent Expenditures.	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of eith	
Ms. Emily Buchanan	[Electronically Filed] Date	12 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	_	

Schedule E)	VI EXI END	ITOTILO		PAGE 12 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Virginia T Grant			M = M	c Distribution/Dissemination
Mailing Address 134 Shore Crest Circle			Amount	03 2014
City	State	Zip Code		7.20
Carrire	MS	39426		ID: 8dd284ce-c011-4916-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M 12	03 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	550715.27	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
Full Name of Payee	_		Date of Publi	c Distribution/Dissemination
Sheri J Peace			12	03 2014
Mailing Address 9685 Paula St			Amount	
City	State	Zip Code		100.00
Keithville	LA	71047		D: 61d24ee1-b0e0-455f-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	550715.27	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	res		·	107.20
(b) SUBTOTAL of Unitemized Independent Expend	itures			
			4	7
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 05	2014
- 9				

Schedule E)		110.120		PAGE 13 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				<b>C</b> 3000007.00
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Sheri J Peace			Date o	f Public Distribution/Dissemination
				12 03 7 2014
Mailing Address 9685 Paula St			Amour	nt
City	State	Zip Code		36.60
Keithville	LA	71047		action ID: 894031ee-fda7-4a7d-8 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	12 03 7 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		550715.27	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee			Date o	of Public Distribution/Dissemination
Tammay Williams				12 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 924 N. Prieur St			Amour	nt
City	State	Zip Code		60.00
New Orleans	LA	70116		ction ID : b24a5719-f723-48dd-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	12 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		550715.27	Disbursement 2014 Of	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	'es		•	96.60
(b) SUBTOTAL of Unitemized Independent Expend	itures		. •	
(c) TOTAL Independent Expenditures			· [	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M /	05 2014
Signature		_ · · · · · · · · · · · ·		

Schedule E)	IN EXICIO	ITOTILO		PAGE 14 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	/ D D / Y Y Y Y Y
Full Name of Payee Tammay Williams			М = М	ic Distribution/Dissemination
Mailing Address 924 N. Prieur St			Amount	03 2014
City	State	Zip Code		12.00
New Orleans	LA	70116		ID: 61d70009-14f8-4b8b-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	03 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	550715.27	Disbursement For: 2014 Other (s	Primary ⊠ General pecify) ▶
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Antoinette Franklin			12	03 / 2014
Mailing Address 8822 Apple St			Amount	
City	State	Zip Code		60.00
New Orleans	LA	70188		D: 0042d0db-0abe-44f1-9 oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	03 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	550715.27	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures			72.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures			
			-	45
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7-1-2-1
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 05	2014
- 3				

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۷	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report 48-hour report New report Amends report filed	on	= M	/ D = D /	Y = Y = Y = Y
Т	Full Name of Payee	Date of	of Pub	olic Distribution/	Dissemination
	Windy Hageman		12 <sup>M</sup>	03	2014
	Mailing Address 5521 Randolph St.	Amour	nt		
ŀ	City State Zip Code				55.00
	Marrero LA 70072			n ID: 4d2afca6 bursement or C	-f4e9-4699-8
	Purpose of Expenditure Salary  Category/ Type 001	М	12 <sup>M</sup>	03	2014
ı	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Ms. Mary L Landrieu Oppose	Preside		X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement		Primary specify) ▶	X General
ŀ	Full Name of Payee			olic Distribution/	Dissemination
	Windy Hageman	Date		/ DISTRIBUTION/	2014
	Mailing Address 5521 Randolph St.	Amou			
ŀ	City State Zip Code				6.90
	Marrero LA 70072			ID: 4da8ff3d-e	70f-4279-9
	Purpose of Expenditure Mileage  Category/ Type  002		12 <sup>M</sup>	03	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Ms. Mary L Landrieu Oppose	Preside	ent	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014			Primary specify) ▶	X General
(	(a) SUBTOTAL of Itemized Independent Expenditures			7	61.90
(	(b) SUBTOTAL of Unitemized Independent Expenditures		1 - 4		
(	(c) TOTAL Independent Expenditures			7 - 7	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1:	M /	05		4
	Signature				

PAGE

15

OF

Schedule E)	INT EXI END	ITOTILO		PAGE 16 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Julia Perry			12	03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2046 Perrin St Apt C			Amount	
City	State	Zip Code		70.00
Shreveport	LA	71101		D: 914b4af0-a77a-45f6-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	ξ	550715.27	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Julia Perry			12 /	03 / 2014
Mailing Address 2046 Perrin St Apt C			Amount	
City	State	Zip Code		6.90
Shreveport	LA	71101		: 632d9c59-f6f6-42ed-b rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	- T	550715.27	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			76.90
				7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		<b>•</b>	7
(c) TOTAL Independent Expenditures			<b>)</b>	
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 05	2014
•				

Schedule E)	TI EXI END			PAGE 17 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee Taylor De Julian-Hernandez				of Public Distribution/Dissemination
Mailing Address 284 Cr 1401			Amou	12 03 2014 nt
City	State	Zip Code		100.00
Carthage	TX	75633		action ID : 963ad654-829c-42f0-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		12 03 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent State: LA
Calendar Year-To-Date Per Election for Office Sought		550715.27	Disbursement 2014 O	t For:
Full Name of Payee Taylor De Julian-Hernandez	_			of Public Distribution/Dissemination
Mailing Address 284 Cr 1401			Amou	12 03 2014 nt
City	State	Zip Code		54.00
Carthage	TX	75633		ction ID: 8f39aec9-6478-4215-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	12 03 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	550715.27	Disbursemen 2014 O	t For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditure	res		<b>.</b>	154.00
(b) SUBTOTAL of Unitemized Independent Expend	itures		, <u> </u>	
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12	05 / 2014

	medule L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Hilary Townsend	12 03 2014
	Mailing Address 4506 US Hwy 79 North	Amount
	City State Zip Code	80.00
	Deberry TX 75639	Transaction ID : f3576940-898d-4bcc-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	12 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	550745 07	ursement For: Primary X General
	Per Election for Office Sought 550/15.27 2014	Other (specify)
	Full Name of Payee Alice K Salazar	Date of Public Distribution/Dissemination
	Mailing Address 605 W Houston St	12 03 2014
		Amount
	City State Zip Code	70.00
	Marshall TX 75633	Transaction ID: 15074018-00c3-4c80-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	12 03 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbute 2014	ursement For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	150.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	1 7 1 1 7 1 7
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	CT71	2 05 2014
	Signature	لحنتا لتا ك

PAGE 18

OF

Schedule E)	LIVI EXI END	TTOTILO		PAGE 19 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Alice K Salazar			M = M	c Distribution/Dissemination
Mailing Address 605 W Houston St			12 Amount	03 2014
City	State TX	Zip Code 75633	Transaction	51.60 ID : cb993c07-9695-44b6-9
Marshall Purpose of Expenditure Mileage	17	Category/		ursement or Obligation
Name of Federal Candidate		Type 002 Support	Office Sought:	03 2014  House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	550715.27	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
Full Name of Payee Francis Richardson			Date of Publi	ic Distribution/Dissemination
Mailing Address 220 Doucet Rd			Amount	
City  Lafayette	State LA	Zip Code 70503	Transaction II	35.00 D : 1dd96b80-44e6-40d2-a
Purpose of Expenditure Salary		Category/ Type 001		ursement or Obligation  / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu  Calendar Year-To-Date		Oppose	President Disbursement For:	Senate State: LA  Primary X General
Per Election for Office Sought	, ,	550715.27	2014 Other (sp	
(a) SUBTOTAL of Itemized Independent Expend	itures		•	86.60
(b) SUBTOTAL of Unitemized Independent Expe	nditures		. >	
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	12 05	2014

Schedule E)	DENT EXTEND	TOTILO	<u> </u>	PAGE 20 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report 48-hour repo	rt New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Francis Richardson			M = M /	Distribution/Dissemination
Mailing Address 220 Doucet Rd			12 Amount	03 2014
City	State	Zip Code		1.23
Lafayette	LA	70503		: 58ae0b13-a93d-49a2-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M /	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	5	550715.27	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee Christopher Marquess			M = M /	Distribution/Dissemination
Mailing Address 110 W Pecan St			12 Amount	03 2014
City	State	Zip Code		50.00
Ville Platte	LA	70586		: 9e79b396-7ff8-485b-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		550715.27	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expe	enditures			51.23
(b) SUBTOTAL of Unitemized Independent Ex	rpenditures		<b>•</b>	
			4	4
(c) TOTAL Independent Expenditures			<b>)</b>	4
Under penalty of perjury I certify that the ind- with, or at the request or suggestion of, any of party committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 05	2014

	modulo E)			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M	- M	/ D D /	Y Y Y Y Y
	Full Name of Payee	Date o	of Pub	lic Distribution/	<sup>/</sup> Dissemination
	Christopher Marquess	М	12 <sup>M</sup>	03	2014
	Mailing Address 110 W Pecan St	Amour	nt		
	City State Zip Code			-	36.00
	Ville Platte LA 70586			ID: 090e51ds	
	Purpose of Expenditure Mileage  Category/ Type  002		12 <sup>M</sup>	03	Y Y Y Y Y Y 2014
	Name of Federal Candidate Support Office	Sought	t:	House	District:00
	Ms. Mary L Landrieu Oppose	Preside		X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	ırsement		Primary	General
	Full Name of Payee Beau Autin	Date of			/Dissemination
	Mailing Address 345 Auroura Ave	Amou	12	03	2014
	City State Zip Code	Γ.	-	<del></del>	50.00
	·			ID: 4a33eeb9 bursement or (	-f4f9-4eab-b
	Purpose of Expenditure Salary  Category/ Type 001	M	12	03	2014
	Name of Federal Candidate Support Office	e Sough	t:	House	District:00
	— ·· — ··	Preside		X Senate	State: LA
				Primary	/ X General
(	(a) SUBTOTAL of Itemized Independent Expenditures				86.00
(	(b) SUBTOTAL of Unitemized Independent Expenditures				
-	(c) TOTAL Independent Expenditures				
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 12	M /	05	D / Y Y 201	Y Y 14
	Signature				
					1

PAGE 21

OF

Schedule E)	ENT EXITEND	ITOTILO		PAGE 22 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Beau Autin			M M 12	03 / 2014
Mailing Address 345 Auroura Ave			Amount	
City	State	Zip Code		2.73
Metairie	LA	70006		ID: 035bae70-34a4-4e77-8 pursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	550715.27	Disbursement For: 2014 Other (s	Primary ⊠ General Specify) ►
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Gary W Fuhrmann			12	03 2014
Mailing Address 9425 Jessica Drive			Amount	
City	State	Zip Code		60.00
Shreveport	LA	71106		ID: fbe69d75-d7d6-48c9-a bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 12	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		550715.27	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expendent	ditures			62.73
				7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	
(c) TOTAL Independent Expenditures			•	- 1 - Apr 1 - Apr 1
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 05	2014
•				

Schedule E)	INT EXICID	ITORES		PAGE 23 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Gary W Fuhrmann			Date of Public	Distribution/Dissemination
Mailing Address 9425 Jessica Drive			12 Amount	03 2014
			7 tilloditi	
City	State	Zip Code	Transaction	9.30
Shreveport	LA	71106		D: c3638830-854f-4f25-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	,	550715.27	Disbursement For: 2014 Other (sp	Primary ☐ General
Full Name of Payee			Date of Public	c Distribution/Dissemination
Donna S Wilson			12	03 2014
Mailing Address 4456 Country Hill Dr			Amount	
City	State	Zip Code		20.00
Baton Rouge	LA	70816		D: 95d56d23-6a79-4049-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	03 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		550715.27	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		. •	29.30
			7	7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	iditures		· •	
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	12 05	2014
Signature				

Scł	hedule E)	Al harvas					PAGE 24 OF 40 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	ock if X 24-hour report 48-hour report	New repo	oort Am	nends repo	ort filed on	M = M	/ D = D / Y = Y = Y
Т	Full Name of Payee				Date	of Publi	c Distribution/Dissemination
	Donna S Wilson					M 12	03 2014
	Mailing Address 4456 Country Hill Dr				Amo	unt	
	City State	e	Zip Code				6.60
	Baton Rouge LA		70816				ID: e2125729-a24c-423f-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	$\Box \mid [$	12 M	03 2014
	Name of Federal Candidate		<u>'</u>	Support	Office Soug	ıht:	House District: 00
	Ms. Mary L Landrieu			Oppose	Presi	·	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	ξ	550715.27		Disburseme	ent For: Other (sp	Primary
	Full Name of Payee				Date	of Publi	ic Distribution/Dissemination
	Elvis Spears					M M M	03 / 2014
	Mailing Address 2150 Hope St				Amo	ount	
-	City State		Zip Code				60.00
	New Orleans LA		70119				D: be754540-614b-414a-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type			M 12	03 / 2014
ľ	Name of Federal Candidate			Support	Office Soug	ght:	House District: 00
	Ms. Mary L Landrieu			Oppose	Presi	dent	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		550715.2	7	Disburseme 2014	ent For: Other (sp	Primary X General pecify) ▶
(8	a) SUBTOTAL of Itemized Independent Expenditures				• [		66.60
(i	b) SUBTOTAL of Unitemized Independent Expenditures				• • <u> </u>	1 4	
(0	c) TOTAL Independent Expenditures				• [	-	
W	Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.	authorized					
	Ms. Emily Buchanan	[Electron	nically Filed]	Date	M = M 12	05	/ Y Y Y Y Y 2014
	Signature		_				

Schedule E)	LIVI EXPEND	ITONES		PAGE 25 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y = Y
Full Name of Payee Elvis Spears			Date of Public	: Distribution/Dissemination
Mailing Address 2150 Hope St			12	03 2014
			Amount	
City	State LA	Zip Code	Transaction	12.60
New Orleans	LA 	70119		D : f90dbfd9-3229-421e-b rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		550715.27	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Felicia A Jones			12	03 2014
Mailing Address 4106 Martha St			Amount	
City	State	Zip Code		80.00
Shreveport	LA	71109		: 39b9a77b-2995-4aa6-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		550715.27	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expend	itures		<b>)</b>	92.60
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•	
(c) TOTAL Independent Expenditures			<b>)</b>	1 7 1 1 7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	12 05	2014

Schedule E)	LIVI EXI END	ITOTILO		PAGE 26 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Felicia A Jones			12	03 / 2014
Mailing Address 4106 Martha St			Amount	
City	State	Zip Code		9.90
Shreveport	LA	71109		on ID: 8e2d1b48-1895-4ae7-9 isbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		550715.27	Disbursement Fo	or:
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Gregory Green			M 12	
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		80.00
Shreveport	LA	71104		on ID : 2e905675-bc26-41a4-9 visbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		550715.27	Disbursement Fo	or:
(a) SUBTOTAL of Itemized Independent Expend	itures			89.90
				7 1 7 1 7 1
(b) SUBTOTAL of Unitemized Independent Expe	nditures		• -	4 1 4 1 4 1
(c) TOTAL Independent Expenditures			<b>•</b>	4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Sch	nedule E)	. <b>L</b> /(1 L.(2)	1101120		-	PAGE 27 OF 40 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					ENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC					C00530766
Chec	ck if 24-hour report 48-hour report	New repo	ort Amends	report file	ed on Man /	D = D / Y = Y = Y
TF	Full Name of Payee				Date of Public	Distribution/Dissemination
	Gregory Green				12	03 / 2014
r	Mailing Address 2506 Bolch Street				Amount	
	City	State	Zip Code			88.50
	Shreveport	LA	71104			D: a0db99ce-f91b-4b24-9 rsement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	12	03 / 2014
1	Name of Federal Candidate		Suppo	ort Offic	ce Sought:	House District:00
	Ms. Mary L Landrieu		Oppos		President >	
	Calendar Year-To-Date Per Election for Office Sought		550715.27	Dist 201	oursement For:  Other (spe	Primary ☐ General
	Full Name of Payee				Date of Public	: Distribution/Dissemination
	Lilly Green				M M /	02 / 7 7 7 7 7
	Mailing Address 205 Medallion Circle				12	03 2014
	Mailing Address 205 Medallion Circle				Amount	
(	City	State	Zip Code			80.00
	Shreveport	LA	71119		Transaction ID  Date of Disbu	: abaae3ce-0c55-4054-b rsement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	12	03 / 2014
Ī	Name of Federal Candidate		Suppo	ort Offi	ce Sought:	House District: 00
	Ms. Mary L Landrieu		X Oppo	1	President >	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		550715.27	Dis 201	bursement For:  Other (spe	Primary X General ecify) ►
(a	a) SUBTOTAL of Itemized Independent Expenditures	s		······		168.50
(b	b) SUBTOTAL of Unitemized Independent Expenditu	ıres		······	1 7	
(с	c) TOTAL Independent Expenditures			······ <b>&gt;</b>	1 7	
wi	nder penalty of perjury I certify that the independer ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	te or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	12 / 05	2014
	Signature		_	_		

Schedule E)	ENT EXILID	HONES	PAG FOF	iE 28 OF 40 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENT	FICATION NUMBER ▼
Women Speak Out PAC			C C005	30766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D / Y = Y = Y
Full Name of Payee			Date of Public Dist	ribution/Dissemination
Lilly Green				03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amount	
City	State	Zip Code		88.80
Shreveport	LA	71119	Transaction ID : ff Date of Disbursem	02dac6-dfaa-422e-8 ent or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		03 / 2014
Name of Federal Candidate		Support	Office Sought: Ho	ouse District: 00
Ms. Mary L Landrieu		X Oppose	President X Se	enate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		550715.27	Disbursement For:  2014  Other (specify)	Primary General
Full Name of Payee			Date of Public Dist	tribution/Dissemination
Billy Martin				03 / 2014
Mailing Address 250 Js Brewton RD			Amount	
City	State	Zip Code		50.00
Goldonna	LA	71031	Transaction ID: 7fd Date of Disbursem	
Purpose of Expenditure Salary		Category/ Type 001		03 / 2014
Name of Federal Candidate		Support	Office Sought: Ho	ouse District: 00
Ms. Mary L Landrieu		Oppose	President Se	
Calendar Year-To-Date Per Election for Office Sought	, ,	550715.27	Disbursement For: 2014 Other (specify)	Primary X General  ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		•	138.80
			7	7 1 7
(b) SUBTOTAL of Unitemized Independent Expo	enditures		<b>•</b>	7
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ididate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	12 05 /	2014
-				

Schedule E)	IVI EXI END	ITOTILO		PAGE 29 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Billy Martin			12	03 / 2014
Mailing Address 250 Js Brewton RD			Amount	
City	State	Zip Code		4.80
Goldonna	LA	71031		n ID: cb5bf446-7bc3-498b-8 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	550715.27	Disbursement For 2014 Other	:
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Christopher L Gilbert			12	03 2014
Mailing Address 55 Lovell Johnson Rd			Amount	
City	State	Zip Code		110.00
Picayune	MS	39466		n ID: b938e599-dda1-4b3b-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12 n	03 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		550715.27	Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expenditu	ures		<b>•</b> [ ]	114.80
(b) SUBTOTAL of Unitemized Independent Expen	ditures			
,,				7 7 7
(c) TOTAL Independent Expenditures			<b>→</b>	7 1 2
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 08	
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Schedule E)				AGE 30 OF 40 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	D   D / Y   Y   Y   Y
Full Name of Payee Christopher L Gilbert			M = M /	Distribution/Dissemination
Mailing Address 55 Lovell Johnson Rd			Amount	03 2014
City	State	Zip Code		54.00
Picayune	MS	39466		: 9ed09c2c-84f6-4c90-8 ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	;	550715.27	Disbursement For:  2014  Other (speci	Primary
Full Name of Payee John K Necaise III	-		Date of Public D	Distribution/Dissemination
Mailing Address 1905 Franklin Ave			Amount	03 2014
City	State	Zip Code		30.00
New Orleans	LA	70117		df4cf4a5-3f56-4fdf-8 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	550715.27	Disbursement For: 2014 Other (spec	Primary X General ify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		·	84.00
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7 1 2
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 05	2014

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
John K Necaise III	12 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1905 Franklin Ave	mount
City State Zip Code	12.87
New Orleans LA 70117 Tra	ransaction ID: b506bc49-7625-4a3c-b ate of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	12 03 7 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Mary L Landrieu	esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014	
Full Name of Payee Da	Other (specify) ▶ate of Public Distribution/Dissemination
Jessica R Resendiz	12 03 2014
Mailing Address 9685 Paula St	mount
City State Zip Code	120.00
	ansaction ID: 61042342-46a3-4419-a ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	12 03 7 2014
Name of Federal Candidate Support Office So	ought: House District: 00
	esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	132.87
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 12	05 2014
Signature	

PAGE 31

OF

Schedule E)		PAGE 32 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if X 24-hour report 48-hour report Ne	w report Amends report	filed on M M M / D D / Y Y Y Y Y Y
Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination
Mailing Address 9685 Paula St		12 03 2014 Amount
City State	Zip Code	41.10
Keithville LA	71047	Transaction ID : 6f18cf96-439f-47af-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	12 03 7 2014
Name of Federal Candidate	Support	Office Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General  2014 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Brogan A Benoit		12 03 Y Y Y Y Y
Mailing Address 7144 South River Rd		Amount
City State	Zip Code	60.00
Addis LA	70710	Transaction ID : f2de2f92-cf11-47ff-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	12 03 Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		101.10
(b) SUBTOTAL of Unitemized Independent Expenditures		
		4 4
(c) TOTAL Independent Expenditures		<b>•</b>
Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or auth party committee) any political party committee or its agent.		
	ectronically Filed] Date	12 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)				PAGE 33 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y D D /
Full Name of Payee Brogan A Benoit			M	of Public Distribution/Dissemination
Mailing Address 7144 South River Rd			Amour	12 03 2014 nt
C:to.	Ctoto	Zin Codo		0.20
City Addis	State LA	Zip Code 70710		9.30 action ID : 15a65ea9-a2d8-4f50-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		12 03 7 2014
Name of Federal Candidate		Support	Office Sought	t: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, ,	550715.27	Disbursement 2014 Ot	t For:
Full Name of Payee			Date of	of Public Distribution/Dissemination
Gage Blank			M	12 03 7 2014
Mailing Address 5342 Eudora Dr			Amou	nt
City	State	Zip Code		30.00
Addis	LA	70710		ction ID: 38933f2c-2e39-477e-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		12 03 7 2014
Name of Federal Candidate		Support	Office Sough	t: District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, ,	550715.27	Disbursement 2014 Of	t For:
(a) SUBTOTAL of Itemized Independent Expenditure	es			39.30
(b) SUBTOTAL of Unitemized Independent Expendi	tures		·· •	
(c) TOTAL Independent Expenditures			· [	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	e 12	05 / 2014

Schedule E)	INT EXILID	ITOTILO	<b>⊢</b>	PAGE 34 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Gage Blank			12	03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5342 Eudora Dr			Amount	
City	State	Zip Code		4.50
Addis	LA	70710		D: 56df5096-3501-4ded-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	, , ,	550715.27	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Carl Brent			12	03 2014
Mailing Address 6718 Lake Willow Dr			Amount	
City	State	Zip Code		80.00
New Orleans	LA	70126		: cb005f0a-8447-4b26-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	550715.27	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			84.50
			7	7 4
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	7
(c) TOTAL Independent Expenditures			<b>)</b>	1 4 1 4 1
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / D D D D D D D D D D D D D D D D D D	2014
•				

Schedule E)	IN EXIEND	TTOTILO	PA( FO	GE 35 OF 40 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENT	TIFICATION NUMBER ▼
Women Speak Out PAC			C C00	530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	t filed on	D / Y = Y = Y
Full Name of Payee			Date of Public Dis	stribution/Dissemination
Carl Brent			12 / D	03 / 2014
Mailing Address 6718 Lake Willow Dr			Amount	
City	State	Zip Code		30.00
New Orleans	LA	70126	Transaction ID : 6 Date of Disbursen	6e7b3f1b-b484-47e5-b ment or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12 / D	03 / 2014
Name of Federal Candidate		Support	Office Sought:	louse District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		550715.27	Disbursement For:  2014  Other (specify	Primary
Full Name of Payee	_		Date of Public Dis	stribution/Dissemination
Hannah J Landry			M M / D	03 2014
Mailing Address 1110 N Coolidge			Amount	03 2014
		7: 0 1		105.00
City Gonzales	State LA	Zip Code 70737		105.00 543c9fb-04c1-427a-8 ment or Obligation
Purpose of Expenditure Salary		Category/ Type 001		03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	9	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		550715.27	Disbursement For: 2014 Other (specify	Primary
(a) SUBTOTAL of Itemized Independent Expendi	ures		•	135.00
(b) OUDTOTAL of Heliconical Independent Forest	althouse a		7	
(b) SUBTOTAL of Unitemized Independent Exper	iditures		<b>•</b>	1 47 1 40 1
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any cancer party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	12 05	2014
2. <del>g</del> <del></del>				

Sche	dule E)	1 E/N E.1.2.	1101120		PAGE 36 OF 40 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Won	nen Speak Out PAC				C C00530766
Check	if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Name of Payee lannah J Landry				of Public Distribution/Dissemination
Ma	iling Address 1110 N Coolidge			Amour	12 03 2014 nt
City	v	State	Zip Code		28.17
	onzales	LA	70737		action ID: 4f780d98-f970-4caf-8 of Disbursement or Obligation
	rpose of Expenditure ileage		Category/ Type 002		12 03 2014
Nar	me of Federal Candidate		Support	Office Sough	t: House District: 00
Ms	s. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	5	550715.27	Disbursement 2014 Of	t For: Primary X General
	II Name of Payee lary C Lee			_	of Public Distribution/Dissemination
Ma	ailing Address 1030 N Coolidge Ave			Amou	12 03 2014 nt
City	у	State	Zip Code	-	105.00
Go	onzales	LA	70737	Transa Date o	ction ID : c6643037-2ab2-4e08-b of Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type 001	M	12 / 03 / 2014
Na	me of Federal Candidate		Support	Office Sough	t: House District: 00
Ms	s. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7	550715.27	Disbursemen 2014 O	t For:  Primary
(a) :	SUBTOTAL of Itemized Independent Expenditure:	?S		• ·	133.17
(b) \$	SUBTOTAL of Unitemized Independent Expenditu	ures		>	
(c) ·	TOTAL Independent Expenditures			· [	7 1 7 1 7
with,	er penalty of perjury I certify that the independer , or at the request or suggestion of, any candidat y committee) any political party committee or its a	te or authorized			
_	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 12	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	Signature				

Schedule E)	LIVI EXI END	HONES	PAGE 37 OF FOR SE OF FORM 2	40 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUM	BER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report 48-hour report	X New rep	port Amends repo	rt filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemir	ation
Mary C Lee			12 / 03 / 201	4
Mailing Address 1030 N Coolidge Ave			Amount	
City	State	Zip Code		28.17
Gonzales	LA	70737	Transaction ID : 9ed1e09d-59e6-4  Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	12 03 / Y Y Y 20	14 Y
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Mary L Landrieu		X Oppose	President X Senate State:	LA
Calendar Year-To-Date Per Election for Office Sought	, ,	550715.27	Disbursement For: Primary 2014 Other (specify) ▶	General
Full Name of Payee			Date of Public Distribution/Dissemin	nation
Rebecca A Calvert			12 03 20	14
Mailing Address 20116 Medus St			Amount	
City	State	Zip Code		0.00
Covington	LA	70435	Transaction ID : 9625bed8-4abd-4c  Date of Disbursement or Obligation	78-9
Purpose of Expenditure Salary		Category/ Type 001		YY
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Mary L Landrieu		X Oppose	President State:	LA
Calendar Year-To-Date Per Election for Office Sought	. , ,	550715.27	Disbursement For: Primary 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expend	itures		58.	17
(b) SUBTOTAL of Unitemized Independent Expe	nditures		·	
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	12 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
- 3				

Schedule E)	INT EXI END	ITOTILO	F	PAGE 38 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Rebecca A Calvert			M - M /	Distribution/Dissemination
Mailing Address 20116 Medus St			12 Amount	03 2014
City	State	Zip Code		3.00
Covington	LA	70435	I	o: f95d00a5-36fa-438d-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought		550715.27	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Evelyn Lesaicherre				Distribution/Dissemination
Mailing Address 629 Radiance Ave			12	03 2014
ozo Madianice / We			Amount	
City	State	Zip Code		80.00
Metairie	LA	70001		: fb7d9f3f-eb83-45b0-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		550715.27	Disbursement For: 2014 Other (spe	Primary General
(a) SUBTOTAL of Itemized Independent Expendi	tures			83.00
(b) SUBTOTAL of Unitermized Independent Exper	nditures			
,,			7	4
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 05	2014
3. <del>3</del>				

Schedule E)	NI EXI END	ITOTILO		PAGE 39 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee Evelyn Lesaicherre			M = M /	Distribution/Dissemination
Mailing Address 629 Radiance Ave			Amount	03 2014
City	State	Zip Code		4.50
Metairie	LA	70001		<b>D</b> : <b>50d12ae2-4335-4f97-8</b> Irsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	12	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, t	550715.27	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Ryan Drake			12	03 / 2014
Mailing Address 29637 Park St			Amount	
City	State	Zip Code		10.00
Walker	LA	70785		D: 916ab2fb-7ccf-4506-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	12	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	550715.27	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			14.50
(b) SUBTOTAL of Unitemized Independent Expendent	ditures			7 7 7
			,	7 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	12 / 05	2014
- 3				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	of Public Distribution/Dissemination
	12 03 7 2014
Mailing Address 29637 Park St Amou	unt
City State Zip Code	1.80
Walker LA 70785 Trans Date	saction ID: b6a8c8c7-d769-41da-b of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	12 03 7 2014
Name of Federal Candidate Support Office Sough	ht: House District: 00
Ms. Mary L Landrieu  Ms. Mary L Landrieu  Presid	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014	nt For:  Primary
	of Public Distribution/Dissemination
Bale	M = M / D = D / Y = Y = Y
Mailing Address Amou	unt
City State Zip Code	
Date	of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y = Y
Name of Federal Candidate Support Office Soug	ht: House District:
	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought	
Ter Election for Cinice Sought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	1.80
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7 1
(c) TOTAL Independent Expenditures	51107.25
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 12	05 2014
Signature	

PAGE

40

OF